

CASEWORK CONSENT FORMS PACKET



**OFFICE OF U.S. SENATOR ROBERT G. TORRICELLI
OF THE GREAT STATE OF NEW JERSEY**



REVISED AS OF MARCH 18, 2000

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IMMIGRATION ASSISTANCE CONSTITUENT WAIVER FORM

Please Print or Type and Complete All Portions of this Form

Please Check One:

Name: _____ Male _____ Female _____

Other Names (If any): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____

Date of Birth: _____ Country of Birth: _____

Immigration/Alien Number: _____

Type of Application Filed with INS: _____

Date of Canceled Check or Receipt: _____

Date and Place Interviewed: _____

Please Write a BRIEF Narrative of the Problem: _____

I hereby request that Senator Torricelli's office inquire about the situation outlined above. I understand this form is being used in compliance with the Freedom of Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary X _____ Date: _____

Please Enclose Copies of All Pertinent Documents and return to:

U.S. Senator Robert G. Torricelli
1 Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Immigration Assistant

For Congressional Use Only — Please DO NOT Write Below This Line

Date Received: _____ Date Sent to INS: _____ Case # _____ Staff Initials: _____

I.N.S Case Status:

Dups: _____ Prints Appt: _____ Letter of Good Conduct: _____
Interview: _____ Disp. of Arrest: _____ Other: _____



Dear Constituent:

Thank you for contacting my office regarding your pending case with the Immigration and Naturalization Service. I welcome the opportunity to assist you in your effort to resolve this matter. The Freedom of Information and Privacy Act of 1974 requires that I obtain the necessary authority in order to intervene on your behalf with the I.N.S. The **Constituent Waiver Form** will grant my office the necessary authority to intervene on your behalf.

If you have already sought the assistance of another Congressional office, please be advised that congressional policy prohibits multiple offices from pursuing the same case. Therefore, you must pursue your case with the office in which you first established it. If your problem has been resolved, or if you have decided not to pursue this course of action, please inform my office, so we can take the proper measures to note your decision.

If you do wish to pursue this matter with my office, kindly complete the enclosed form and forward it to my Newark District office:

U.S. Senator Robert G. Torricelli
One Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Immigration Assistant

Please note that this form must be returned to my office within one (1) week. Due to the large influx of cases that the I.N.S. has experienced, you can expect a response of approximately thirty (30) days. You will be notified of my office's findings by method of written correspondence. Until then, I thank you in advance for your patience and cooperation.

It is my pleasure to assist my constituents when the opportunity avails itself. Please direct any questions regarding this matter to my Newark District office. They can be reached at (973) 624-5555. Once again, thank you for contacting me with your concerns.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert G. Torricelli", written over a horizontal line.

ROBERT G. TORRICELLI
United States Senator

Attachment

VISA INQUIRY CONSTITUENT WAIVER FORM

Please Print or Type and Complete All Portions of this Form

Type of Visa: Immigrant _____ Non-Immigrant _____ Other _____

City and Country in which the Visa was applied for: _____ Date Denied: _____

Name of Individual who applied for Visa: _____

Date of Birth: _____ Male _____ Female _____

IMMIGRANT VISAS ONLY: Case Number: _____ Priority Date: _____

Contact Information (Individual in the United States who is requesting intervention):

Name: _____ Relationship: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____

Status: United States Citizen: _____ Legal Permanent Resident: _____ Other: _____

Please Write a BRIEF Narrative of the Problem: _____

I hereby request that Senator Torricelli's office inquire about the situation outlined above. I understand this form is being used in compliance with the Freedom of Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary X _____ Date: _____

Please Enclose Copies of All Pertinent Documents and return to:

U.S. Senator Robert G. Torricelli
1 Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Visa Inquiries

For Congressional Use Only — Please DO NOT Write Below This Line

Date Received: _____ Date of Inquiry: _____ Case # _____ Staff Initials: _____



Dear Constituent:

Thank you for contacting my office regarding the difficulties that you face in obtaining a visa. I welcome the opportunity to assist you in your effort to resolve this matter. The Freedom of Information and Privacy Act of 1974 requires that I obtain the necessary authority in order to intervene on your behalf with the Department of State. The **Visa Inquiry Constituent Waiver Form** will grant my office the necessary authority to intervene on your behalf.

If you have already sought the assistance of another Congressional office, please be advised that congressional policy prohibits multiple offices from pursuing the same case. Therefore, you must pursue your case with the office in which you first established it. If your problem has been resolved, or if you have decided not to pursue this course of action, please inform my office, so we can take the proper measures to note your decision.

If you do wish to pursue this matter with my office, kindly complete the enclosed form and forward it to my Newark District office:

U.S. Senator Robert G. Torricelli
One Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Visa Inquiries

Please note that this form must be returned to my office within one (1) week. Due to the large influx of cases that the Department of State and American Embassies have experienced, you can expect a response of approximately thirty (30) days. You will be notified of my office's findings by method of written correspondence. Until then, I thank you in advance for your patience and cooperation.

It is my pleasure to assist my constituents when the opportunity avails itself. Please direct any questions regarding this matter to my Newark District office. They can be reached at (973) 624-5555. Once again, thank you for contacting me with your concerns.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert Torricelli".

ROBERT G. TORRICELLI
United States Senator

Attachment

GRIEVANCE INQUIRY CONSTITUENT WAIVER FORM

Please Print or Type and Complete All Portions of this Form

Name of Individual Seeking Assistance: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____

Date of Birth: _____ Social Security #: _____

Status: United States Citizen: _____ Legal Permanent Resident: _____ Other: _____

Name of Agency/Office in Question: _____

Contact: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please Write a BRIEF Narrative of the Problem: _____

I hereby request that Senator Torricelli's office inquire about the situation outlined above. I understand this form is being used in compliance with the Freedom of Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary X _____ Date: _____

Please Enclose Copies of All Pertinent Documents and return to:

U.S. Senator Robert G. Torricelli
1 Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Grievance Department

For Congressional Use Only — Please DO NOT Write Below This Line

Date Received: _____ Date of Inquiry: _____ Case # _____ Staff Initials: _____



Dear Constituent:

Thank you for contacting my office regarding the difficulties that you face. I welcome the opportunity to assist you in your effort to resolve this matter. The Freedom of Information and Privacy Act of 1974 requires that I obtain the necessary authority in order to intervene on your behalf. The **Grievance Constituent Waiver Form** will grant my office the necessary authority to intervene on your behalf.

If you have already sought the assistance of another Congressional office, please be advised that congressional policy prohibits multiple offices from pursuing the same case. Therefore, you must pursue your case with the office in which you first established it. If your problem has been resolved, or if you have decided not to pursue this course of action, please inform my office, so we can take the proper measures to note your decision.

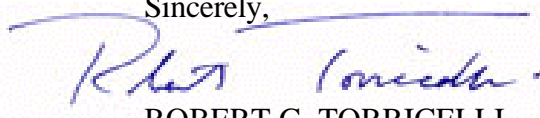
If you do wish to pursue this matter with my office, kindly complete the enclosed form and forward it to my Newark District office:

U.S. Senator Robert G. Torricelli
One Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Grievance Department

Please note that this form must be returned to my office within one (1) week. Due to the large influx of cases that we are experiencing, you can expect a response of approximately thirty (30) days. You will be notified of my office's findings by method of written correspondence. Until then, I thank you in advance for your patience and cooperation.

It is my pleasure to assist my constituents when the opportunity avails itself. Please direct any questions regarding this matter to my Newark District office. They can be reached at (973) 624-5555. Once again, thank you for contacting me with your concerns.

Sincerely,


ROBERT G. TORRICELLI
United States Senator

Attachment

CHILD SUPPORT/PROBATION CONSTITUENT WAIVER FORM

Please Print or Type and Complete All Portions of this Form

Name: _____

Current Address (P.O. Box Not Accepted): _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____

Date of Birth: _____ SS#: _____

CS# _____ Date Applied: _____

Status: United States Citizen: _____ Legal Permanent Resident: _____ Other: _____

Name, Address and Telephone of Oblige:

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Amount to be Paid: _____ Amount in Arrears: _____

Case Worker: NAME: _____ Telephone: _____

Please Write a BRIEF Narrative of the Problem: _____

I hereby request that Senator Torricelli's office inquire about the situation outlined above. I understand this form is being used in compliance with the Freedom of Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary X _____ Date: _____

Please Enclose Copies of All Pertinent Documents and return to:

U.S. Senator Robert G. Torricelli
1 Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Child Support/Probation Department

For Congressional Use Only — Please DO NOT Write Below This Line

Date Received: _____ Date of Inquiry: _____ Case # _____ Staff Initials: _____



Dear Constituent:

Thank you for contacting my office regarding the difficulties that you face in obtaining child support. I welcome the opportunity to assist you in your effort to resolve this matter. The Freedom of Information and Privacy Act of 1974 requires that I obtain the necessary authority in order to intervene on your behalf with the Child Support/Probation Office. The **Constituent Waiver Form** will grant my office the necessary authority to intervene on your behalf.

If you have already sought the assistance of another Congressional office, please be advised that congressional policy prohibits multiple offices from pursuing the same case. Therefore, you must pursue your case with the office in which you first established it. If your problem has been resolved, or if you have decided not to pursue this course of action, please inform my office, so we can take the proper measures to note your decision.

If you do wish to pursue this matter with my office, kindly complete the enclosed form and forward it to my Newark District office:

U.S. Senator Robert G. Torricelli
One Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Child Support/Probation Department

Please note that this form must be returned to my office within one (1) week. Due to the large influx of cases that we are experiencing, you can expect a response of approximately thirty (30) days. You will be notified of my office's findings by method of written correspondence. Until then, I thank you in advance for your patience and cooperation.

It is my pleasure to assist my constituents when the opportunity avails itself. Please direct any questions regarding this matter to my Newark District office. They can be reached at (973) 624-5555. Once again, thank you for contacting me with your concerns.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert Torricelli", with a horizontal line drawn above it.

ROBERT G. TORRICELLI
United States Senator

Attachment

INTERNAL REVENUE SERVICE CONSTITUENT WAIVER FORM

Please Print or Type and Complete All Portions of this Form

Name of Individual Seeking Assistance: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____

Date of Birth: _____ Social Security #: _____

Status: United States Citizen: _____ Legal Permanent Resident: _____ Other: _____

Date of Tax Period: _____ Amount of Tax Owed: _____

Name, Address and Telephone of IRS Case Worker (if applicable):

Contact: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please Write a BRIEF Narrative of the Problem: _____

I hereby request that Senator Torricelli's office inquire about the situation outlined above. I understand this form is being used in compliance with the Freedom of Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary X _____ Date: _____

Please Enclose Copies of All Pertinent Documents and return to:

U.S. Senator Robert G. Torricelli
1 Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: IRS Inquiries

For Congressional Use Only — Please DO NOT Write Below This Line

Date Received: _____ Date of Inquiry: _____ Case # _____ Staff Initials: _____



Dear Constituent:

Thank you for contacting my office regarding the difficulties that you are experiencing with the Internal Revenue Service. I welcome the opportunity to assist you in your effort to resolve this matter. The Freedom of Information and Privacy Act of 1974 requires that I obtain the necessary authority in order to intervene on your behalf. The **Constituent Waiver Form** will grant my office the necessary authority to intervene on your behalf.

If you have already sought the assistance of another Congressional office, please be advised that congressional policy prohibits multiple offices from pursuing the same case. Therefore, you must pursue your case with the office in which you first established it. If your problem has been resolved, or if you have decided not to pursue this course of action, please inform my office, so we can take the proper measures to note your decision.


If you do wish to pursue this matter with my office, kindly complete the enclosed form and forward it to my Newark District office:

U.S. Senator Robert G. Torricelli
One Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: IRS Inquiries

Please note that this form must be returned to my office within one (1) week. Due to the large influx of cases that we are experiencing, you can expect a response of approximately thirty (30) days. You will be notified of my office's findings by method of written correspondence. Until then, I thank you in advance for your patience and cooperation.

It is my pleasure to assist my constituents when the opportunity avails itself. Please direct any questions regarding this matter to my Newark District office. They can be reached at (973) 624-5555. Once again, thank you for contacting me with your concerns.

Sincerely,


ROBERT G. TORRICELLI
United States Senator

Attachment

SOCIAL SECURITY CONSTITUENT WAIVER FORM

Please Print or Type and Complete All Portions of this Form

Name of Individual Seeking Assistance: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____

Date of Birth: _____ Social Security #: _____

Status: United States Citizen: _____ Legal Permanent Resident: _____ Other: _____

Medicare/Medicaid #: _____ Date of Service: _____

Type of Service: _____ Date of Denial: _____

Amount in dispute: _____

Name of Provider: _____

Office where service was provided: (address) _____

City _____ State _____ Zip Code _____

Please Write a BRIEF Narrative of the Problem: _____

I hereby request that Senator Torricelli's office inquire about the situation outlined above. I understand this form is being used in compliance with the Freedom of Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary X _____ Date: _____

Please Enclose Copies of All Pertinent Documents and return to:

U.S. Senator Robert G. Torricelli
1 Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Social Security Inquiries

For Congressional Use Only — Please DO NOT Write Below This Line

Date Received: _____ Date of Inquiry: _____ Case # _____ Staff Initials: _____



Dear Constituent:

Thank you for contacting my office regarding the difficulties that you are experiencing with the Internal Revenue Service. I welcome the opportunity to assist you in your effort to resolve this matter. The Freedom of Information and Privacy Act of 1974 requires that I obtain the necessary authority in order to intervene on your behalf. The **Grievance Constituent Waiver Form** will grant my office the necessary authority to intervene on your behalf.

If you have already sought the assistance of another Congressional office, please be advised that congressional policy prohibits multiple offices from pursuing the same case. Therefore, you must pursue your case with the office in which you first established it. If your problem has been resolved, or if you have decided not to pursue this course of action, please inform my office, so we can take the proper measures to note your decision.


If you do wish to pursue this matter with my office, kindly complete the enclosed form and forward it to my Newark District office:

U.S. Senator Robert G. Torricelli
One Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Internal Revenue Service

Please note that this form must be returned to my office within one (1) week. Due to the large influx of cases that we are experiencing, you can expect a response of approximately thirty (30) days. You will be notified of my office's findings by method of written correspondence. Until then, I thank you in advance for your patience and cooperation.

It is my pleasure to assist my constituents when the opportunity avails itself. Please direct any questions regarding this matter to my Newark District office. They can be reached at (973) 624-5555. Once again, thank you for contacting me with your concerns.

Sincerely,


ROBERT G. TORRICELLI
United States Senator

Attachment

DEFENSE DEPARTMENT INQUIRY CONSTITUENT WAIVER FORM

Please Print or Type and Complete All Portions of this Form

Name of Individual Seeking Assistance: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____

Rank: _____ Service Number: _____

Branch of Service: ☐ Army ☐ Air Force ☐ Navy ☐ Marine ☐ Coast Guard ☐ Merchant Marine
 ☐ Reserve ☐ National Guard

Date of Birth: _____ Social Security #: _____

What type Separation: _____

Check if applicable: ☐ Service Connected Disability You are rated at: _____

Civilian Personnel: ☐ Department of Defense ☐ Army ☐ Air Force ☐ Navy ☐ Marine

Do You Work for the Military? ☐ Yes ☐ No If so, which facility? _____

Please Write a BRIEF Narrative of the Problem: _____

I hereby request that Senator Torricelli's office inquire about the situation outlined above. I understand this form is being used in compliance with the Freedom of Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary X _____ Date: _____

Please Enclose Copies of All Pertinent Documents and return to:

U.S. Senator Robert G. Torricelli
1 Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Defense Department Inquiries

For Congressional Use Only — Please DO NOT Write Below This Line

Date Received: _____ Date of Inquiry: _____ Case # _____ Staff Initials: _____



Dear Constituent:

Thank you for contacting my office regarding the difficulties that you face with the Department of Defense. I welcome the opportunity to assist you in your effort to resolve this matter. The Freedom of Information and Privacy Act of 1974 requires that I obtain the necessary authority in order to intervene on your behalf. The **Grievance Constituent Waiver Form** will grant my office the necessary authority to intervene on your behalf.

If you have already sought the assistance of another Congressional office, please be advised that congressional policy prohibits multiple offices from pursuing the same case. Therefore, you must pursue your case with the office in which you first established it. If your problem has been resolved, or if you have decided not to pursue this course of action, please inform my office, so we can take the proper measures to note your decision.


If you do wish to pursue this matter with my office, kindly complete the enclosed form and forward it to my Newark District office:

U.S. Senator Robert G. Torricelli
One Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Defense Department Inquiries

Please note that this form must be returned to my office within one (1) week. Due to the large influx of cases that we are experiencing, you can expect a response of approximately thirty (30) days. You will be notified of my office's findings by method of written correspondence. Until then, I thank you in advance for your patience and cooperation.

It is my pleasure to assist my constituents when the opportunity avails itself. Please direct any questions regarding this matter to my Newark District office. They can be reached at (973) 624-5555. Once again, thank you for contacting me with your concerns.

Sincerely,


ROBERT G. TORRICELLI
United States Senator

Attachment

POSTAL SERVICE INQUIRY CONSTITUENT WAIVER FORM

Please Print or Type and Complete All Portions of this Form

Name of Individual Seeking Assistance: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____

Consumer Affairs Problem and/or Business Affairs Problem: _____

Do you work for the U.S. Postal Service: ☐ Yes ☐ No If so, which facility? _____

What District in NJ do you work in: ☐ Northern ☐ Central ☐ Southern ☐ Other _____

What is your Craft _____ What is your Union: _____

What is your Local _____ Other: _____

Check if applicable Grievance ☐ Step 1 ☐ Step 2 ☐ Step 3 ☐ EEO Problem ☐ OPM Problem

Disability Problem ☐ US Department of Labor ☐ Retirement Problem ☐ Labor Relations

Date of Birth: _____ Social Security #: _____

Please Write a BRIEF Narrative of the Problem: _____

I hereby request that Senator Torricelli's office inquire about the situation outlined above. I understand this form is being used in compliance with the Freedom of Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary X _____ Date: _____

Please Enclose Copies of All Pertinent Documents and return to:

U.S. Senator Robert G. Torricelli
1 Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Postal Service Department

For Congressional Use Only — Please DO NOT Write Below This Line

Date Received: _____ Date of Inquiry: _____ Case # _____ Staff Initials: _____

VETERANS DEPARTMENT INQUIRY CONSTITUENT WAIVER FORM

Please Print or Type and Complete All Portions of this Form

Name of Individual Seeking Assistance: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____

Branch of Service: ☐ Army ☐ Air Force ☐ Navy ☐ Marine ☐ Coast Guard
 ☐ Merchant Marine ☐ Reserve ☐ National Guard

VA File Number: C - _____ Service Number _____

Date of Birth: _____ Social Security #: _____

Check if applicable:

☐ Service Connected Disability You are rated at: _____

☐ Non-Service Connected Pension You are rated at: _____

Other: _____

Civilian Personnel: Do you work for the VA? ☐ Yes ☐ No If so, which facility? _____

Please Write a BRIEF Narrative of the Problem: _____

I hereby request that Senator Torricelli's office inquire about the situation outlined above. I understand this form is being used in compliance with the Freedom of Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary X _____ Date: _____

Please Enclose Copies of All Pertinent Documents and return to:

U.S. Senator Robert G. Torricelli
1 Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Veterans Affairs Inquiries

For Congressional Use Only — Please DO NOT Write Below This Line

Date Received: _____ Date of Inquiry: _____ Case # _____ Staff Initials: _____



Dear Constituent:

Thank you for contacting my office regarding the difficulties that you are experiencing with the Department of Veterans Affairs. I welcome the opportunity to assist you in your effort to resolve this matter. The Freedom of Information and Privacy Act of 1974 requires that I obtain the necessary authority in order to intervene on your behalf. The **Grievance Constituent Waiver Form** will grant my office the necessary authority to intervene on your behalf.

If you have already sought the assistance of another Congressional office, please be advised that congressional policy prohibits multiple offices from pursuing the same case. Therefore, you must pursue your case with the office in which you first established it. If your problem has been resolved, or if you have decided not to pursue this course of action, please inform my office, so we can take the proper measures to note your decision.

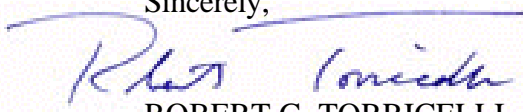
If you do wish to pursue this matter with my office, kindly complete the enclosed form and forward it to my Newark District office:

U.S. Senator Robert G. Torricelli
One Riverfront Plaza, 3rd Floor
Newark, New Jersey 07102
ATTN: Veterans Affairs Inquiries

Please note that this form must be returned to my office within one (1) week. Due to the large influx of cases that we are experiencing, you can expect a response of approximately thirty (30) days. You will be notified of my office's findings by method of written correspondence. Until then, I thank you in advance for your patience and cooperation.

It is my pleasure to assist my constituents when the opportunity avails itself. Please direct any questions regarding this matter to my Newark District office. They can be reached at (973) 624-5555. Once again, thank you for contacting me with your concerns.

Sincerely,



ROBERT G. TORRICELLI
United States Senator

Attachment